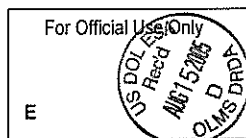


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8168	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Brian Hellman P.O. Box, Bldg., Room No., if any Street 100 Indiana Avenue N.W. City Washington State District of Columbia ZIP Code + 4 20001	4. Name, file number, and address of labor organization. Name National Association of Letter Carriers Labor Organization File Number 000-509 P.O. Box, Building and Room Number, if any Street 100 Indiana Avenue, NW City Washington State District of Columbia ZIP Code + 4 20001
5. Position in labor organization. Director of Life Insurance	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 8/15/05 Date	202-662-2831 Telephone Number

Name of Person Filing BRIAN HELLMAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name <u>Mutual Benefit Association</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>100 Indiana Ave. NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20001</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>USLC MBA provides insurance products to NALC and it's members</u> 11.b. Approximate dollar value of such dealing. <u>8071</u> 12.a. Nature of interest held or income received. <u>Salary, benefits and travel reimbursement</u> 12.b. Amount. <u>\$185,283</u>
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing Brian Hellman	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Peake-Delancey Printing, LLC</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 2500 Schuster Drive</p> <p>City Cheverly</p> <p>State Maryland ZIP Code + 4 20781</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Printer who bids on printing jobs</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$2,700,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Seasonal gift packs</p> <p>Fruit baskets</p> <p>Christmas card printing</p> <hr/> <p>12.b. Amount. \$942</p>

Name of Person Filing **Brian Hellman**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **Hilton Hotel**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2005 Kalia Road**City **Honolulu**State **Hawaii**ZIP Code + 4 **96785-1999****9. Business deals with:**☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.**Headquarters hotel for 2004 National Convention****11.b. Approximate dollar value of such dealing.****\$104,000****12.a. Nature of interest held or income received.**

During National Convention held in Hawaii, July 2004, a complimentary room was provided to me and is being reported consistent with D.O.L. interpretive manual section 246.40V.

12.b. Amount.**\$771**

Name of Person Filing Brian Hellman	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Natioanl Association of Unifrom Manufacturer</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 16 East 41st Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10017</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name United States Postal Service</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 475 L'Enfant Plaza SW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20260</p>	<p>11.a. Nature of such dealing.</p> <p>Uniform manufacturers and distributors of letter carrier uniforms</p> <hr/> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Uniform manufactureres convention fee</p> <hr/> <p>12.b. Amount. \$299</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing **Brian Hellman**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **AmSouth Bank**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **315 Deaderick Street**City **Nashville**State **Tennessee**ZIP Code + 4 **37237-0306****9. Business deals with:**☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.**Provides investment service.****11.b. Approximate dollar value of such dealing.****\$812,000****12.a. Nature of interest held or income received.****1) Diner during Dec. 2004****\$75.00****12.b. Amount.****\$75**